Suppression of miRs-497/195 axis possibly confers endocrine therapy resistance via

elevated expression of FLT4 and the noncoding RNA MIR503HG

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ABSTRACT

Background: Endocrine therapy resistance (ETR) in breast cancer is achieved via multiple pathways including a decrease in ER, dysregulation of cell cycle genes, and/or mutations in ER/co-activators/co-repressors. We have reported earlier that high expression of Jumonji domaining containing protein 6 (JMJD6) induced ETR by depleting ER expression. In this study, 3 cellular models representing distinct ETR pathways; Tamoxifen resistant (TAMR), Long-term Estrogen deprived (LTEDI), JMJD6 overexpressing (JOE) cells, and parental MCF7 were subjected to RNA-sequencing, CNC, and ceRNA network analysis. We hypothesised that post-comparison RNA regulations that are common to all cell lines, will reveal actionable markers and targets. These will be shared by all patients with ET-resistant disease, independent of the initiating event.

Results: 170 differentially expressed genes were found, of these, 73 maintained the same directionality in expression (ETR cassette genes). These genes segregated TCGA ER+ tumors into two groups, one intermixing with ER- tumors. Pathway-based curation of ETR genes identified 21 genes (7 up- and 14 down-regulated) that participated in multiple cancer hallmark pathways. Genes upregulated in ETR cells were less expressed in ER+ tumors at diagnosis when compared to normal breast samples but their higher expression indicated adverse survival outcomes. Next, these genes were used for CNC and ceRNA network construction and a triad FLT4:MIR503HG:miR-497/195/424 was discovered. The expression levels of miRNAs were predicted via network analysis and quantitative RT-PCR was used to validate the down regulation of miR-497/195/424 and upregulation of their targets, FLT4 and MIR503HG in ETR cells.

Conclusions: We show that total RNA-seq data can be successfully used to predict actionable miRNAs that achieve drug resistance. Re-expression of ETR genes such as FLT4 in tumor cells, that are less expressed at diagnosis, may be indicative of ETR onset. Finally, ETR may

45 arise due to suppression of miR-424/497/195 leading to higher expression of FLT4 and

46 MIR503HG. We posit that FLT4 may be a suitable target and RT-PCR analysis of this RNA

47 triad could be developed as a detection strategy for ETR in ER+ breast cancer.

49 **KEYWORDS**: ceRNA, Tamoxifen, LTED, JMJD6, CNC network, Endocrine therapy

50 resistance

1. INTRODUCTION

Breast cancer (BrCa) is the most common cancer in women and has high mortality rates due to high cellular and molecular heterogeneity (1,2). 70% of diagnosed breast cancer is estrogen receptor positive (ER+) and is treated with endocrine therapy (ET) in the adjuvant setting. Selective Estrogen Receptor Modulators (SERMs) such as Tamoxifen (TAM), Selective Estrogen Receptor Degraders (SERDs) like Fulvestrant and Aromatase Inhibitors (AIs) Letrozole, and Anastrozole have successfully been used as the first line of therapy (3). However, about 30-40% of women recur and become non-responsive to endocrine therapy (4). Current treatment options for these women are very limited and ET resistance (ETR) remains a major challenge for the treatment of both recurrent and metastatic breast cancer (MBC). Development of tests that forecast ETR and identify novel targets for treating resistant disease is a major area of research.

Several genetic tests such as Oncotype Dx, EndoPredict, and MammaPrint provide the risk of recurrence scores and many studies have developed gene signatures associated with TAM, Fulvestrant, and ETR in breast cells and cell line xenografts via transcriptome analysis (5–9). Few of these signatures have been adapted in the clinic to estimate ETR because rarely do tumors display inherent resistance. Such resistance is acquired during the course of treatment and transcriptomic profiles during treatment from repeated biopsies are unavailable. Using cell line and patient sample data, pathways leading to such resistance are well worked out and extensively described in the literature (10). Molecular heterogeneity, differential response and outcomes to the same therapy, and use of complex pathways in ETR, limit the use of discovered gene signatures in the clinic. Broadly, events leading to ETR can be grouped into 3 types- 1) lowering of ER expression, 2) acquired resistance by ligand-independent activation of ER and/or high expression of cell cycle genes, or epigenetic changes, and 3) by gain of activating

mutations in ER itself. Different modes of ETR involve distinct factors that elicit different gene

expression programs.

We propose that an integrated RNA network analysis to find common genes/pathways using

cell lines representing various forms of ETR could be useful in designing biomarkers that

indicate potential ETR, independent of the initiating event. It is clear that the expression of not

only the coding mRNAs but also the non-coding genome influences ETR (11). While the long

non-coding RNAs (lncRNAs) regulate mRNA expression by cis-/trans- regulation at the

transcriptional level, microRNAs (miRNAs) work post-transcriptionally to interfere with the

translation of the protein encoded by its target mRNA (12). Often the same miRNA has

sequences complementary to both lncRNAs and mRNAs. Various regulatory outcomes are

possible based on the levels of miRNA, lncRNA, and mRNAs present at any given time (13).

Clearly, the ratio of mRNA:lncRNA:miRNA will tend to determine the final expression levels

of a gene/protein. Typically, co-expression and competing endogenous RNA networks are used

to understand the complex RNA regulation and they have been successfully used to segregate

ER+ and ER- tumors, understand the response to Tamoxifen in cancer patients, and generate

lncRNA or miRNA signatures (11,14–17). ceRNA networks for Tam sensitive and TAMR

cells have been constructed previously and MCF7 derived LLC3 and LCC9 Tam resistant cells

(18,19). ceRNA networks for alternate modes of ETR have not been constructed earlier.

Here we generate the total transcriptomes of ETR cell line models. MCF7 derived Tamoxifen

resistant (TAMR), Long-Term Estrogen Deprived-Independent (LTEDI) that do not require

estrogen for proliferation (20), and JOE cells that overexpress Jumonji Domain Containing

protein 6 (JMJD6). Our laboratory has developed TAMR cells that have high ER, RET, and

phospho-AKT levels, LTEDI cells having high ER, ERK1/ERK2 expression whereas JOE cells

harboring low ER, high RET, and high ERK1/ERK2 levels. JOE cells are insensitive to

endocrine therapy and re-sensitized is possible by depleting JMJD6 (21). Incidentally, TAMR

and LTED cells also showed high expression of JMJD6, and depletion of JMJD6 in TAMR

cells restored sensitivity to TAM (21). JMJD6 is a major epigenetic regulator of gene

expression, and induced cyclin E2, E2F targets, and G2/M checkpoint genes to promote cell

cycle advancement in breast cancer cells, thus removing their dependency on ER (21–23).

Increased cyclin E2 was also identified as a marker of prognosis and persistent Fulvestrant

resistance in MBC (24). Clearly, each cell model system can evade TAM induced growth

restriction via overlapping and distinct modes of ETR. In this study, genes common and

similarly regulated in all 3 cell lines were identified, filtered by pathway-based curation, and

subjected to CNC and ceRNA network analysis.

2. MATERIALS AND METHODS

2.1. Cell culture

MCF7 cells were purchased from the American Type Culture Collection (ATCC, VA, USA). Cells were cultured in Dulbecco's modified Eagle's medium (DMEM) (GIBCO, USA) with 5% fetal bovine serum (FBS) (GIBCO, USA) and 1% PenStrep (GIBCO, USA) in humidified 5% CO_2 incubator at 37°C. Cell lines were negative for mycoplasma presence (Lonza, Switzerland). Generation of JMJD6 overexpression (JOE) cells, TAMR, and LTEDI cells are described previously (21).

2.2. Cell Viability and Colony Forming Assay

Cell viability assay was performed by CCK8 kit (Sigma Aldrich, USA) according to the manufacturer's protocol. MCF7 cells were starved for 3 days in estrogen-deprived media. After 3 days, MCF7 and LTEDI cells were plated at a density of 10^4 cells/well in 96 well plate. Treatments were 1μM 4-hydroxy TAM (4-OHT) and ethanol (as vehicle control) for 72 hours. Absorbance was measured at 450 nm**.** LTEDI cells (10^3 cells/well) were seeded in 6-well plates. The next day, cells were treated with ethanol/1 μM 4-OHT for 9 days with a daily media change. Cells were fixed with 4% paraformaldehyde and stained using a crystal violet solution. The number of colonies was quantified and cells were photographed.

2.3. RNA-sequencing, Library Preparation and Data Analysis

RNA was isolated from MCF7, TAMR, and LTEDI cells by using a Qiagen RNAeasy mini kit (Qiagen, Germany). Library preparation was carried out at the NIBMG Core facility for 100 bp paired-end reads (75 million each) using NOVASeq. Following FASTQC quality check FAST Q files were trimmed with CutAdapt to remove the adapter sequences and aligned with the human genome (GrCh38.1) by HiSAT2.0 algorithm. Alignments were processed by the FeatureCounts package for obtaining RNA/ transcript counts for differentially expressed

coding (DEGs) and long non-coding RNAs (DELs) separately. Data is available at GEO Omnibus (GSE255704). Limma-voom analysis followed by Benjamini-Hochberg correction was used to obtain DEGs/DELs significant at adjusted p-value ≤ 0.05 and log fold change= 1(log2FC) (https://usegalaxy.org). Cluster 3.0 and Tree View programs were used for heatmap generation and visualization. Pathway enrichment analysis was done by EnrichR (https://maayanlab.cloud/Enrichr/). Top 10 significant pathways are shown for further comparison. Chord diagrams for genes appearing in various pathways was constructed using SRplot. To obtain DEG data from Fulvestrant resistant MCF7 cells, GSE118713 was analysed using GEO2R and our internal pipeline (25).

2.4. Co-expression (CNC) and ceRNA networks

To associate the lncRNAs with target mRNAs, we constructed the lncRNA-mRNA co-expression network. For each pair of DEGs and DELs, the Pearson correlation was calculated and those pairs with correlations of 0.98 or greater were used to construct the network. For cis-regulation, the genomic distance between each pair was calculated using data obtained from Biomart (https://www.ensembl.org/biomart/martview/). None of the pairs were located within 10 kb (data not shown). For the ceRNA networks (mRNA-lncRNA-miRNA), first, the miRNAs for DELs were predicted from the miRcode (http://www.mircode.org) and both miRcode and TargetScan (v7.2) (https://www.targetscan.org) database were used for miRNAs and DEGs. A list of mRNA-lncRNA-miRNAs common to both TAMR-LTED was obtained. JOE networks were constructed separately. Pathway-based curation was carried out to obtain DEGs that appeared in multiple significant pathways to give 7 upregulated and 14 downregulated genes (21 genes). The mRNA-lncRNA-miRNA interaction networks were constructed using 21 DEGs and corresponding lncRNAs and miRNAs. Cytoscape (https://cytoscape.org, version 3.10.0) was used to construct and visualize all networks.

2.5.RNA extraction and quantitative real-time PCR (qRT-PCR)

Quantitative real-time PCR (qRT-PCR), using primers described in Supplementary Table 1

was carried out as described earlier (21). C_T values of gene-specific primers were normalized

to the C_T value of β-actin. Fold change in gene expression across samples was calculated by

the formula $2^{(-\Delta\Delta CT)}$ using values from 'Vec' or MCF7 cells converted to fold change 1.

2.6.Stem-loop PCR for miRNA

Three miRNAs (miR-497, miRNA-424, miRNA-195) were selected for qRT-PCR. Total RNA

was extracted from all the cell lines using RNA extraction kit (AllPrep DNA/RNA/miRNA

Universal Kit, QIAGEN). One microgram of total RNA was reverse-transcribed using each

miRNA-specific stem-loop primer (Supplementary table 1). Expression of each miRNA was

quantified by using SYBR green mix (KAPA BIOSYSTEMS, South Africa). C_T values of

miRNAs were normalized with C_T value of U6. Fold change in gene expression across samples

was calculated by the formula $2^{(-\Delta\Delta C_T)}$ using values from 'Vec' or MCF7 cells converted to

fold change 1.

2.7.TCGA Data and Survival Analysis

cBioPortal and GDC portal were used to download the Pan-Cancer Atlas breast cancer related

dataset counts with clinical data, age, subtype information, inclusion-exclusion criteria, etc of

total sample 1084 (LumA 499, LumB 197, Basal 171, Her2 78, Normal like 36, no data- 103)

and   had   follow-up   data

(https://www.cbioportal.org/study/clinicalData?id=brca_tcga_pan_can_atlas_2018).   mRNA

expression z-scores relative to all selected samples were used to determine gene expression

patterns of select genes. The relative expression of selected genes as tumor versus normal was

plotted by UALCAN (https://ualcan.path.uab.edu). The median expression value was used as

a cut-off and significant difference between groups was assessed using the unpaired two-tailed

Student's t-test. The prognostic impact of selected genes was analysed using the Kaplan-Meier

Plotter (https://www.kmplot.com/analysis/).

3. RESULTS

3.1. Effect of Tamoxifen on LTEDI cells

Both agonistic and antagonistic activity of TAM has been reported for LTEDI cells in the

literature, however, independence from the requirement of exogenous E_2 for proliferation is

common to all LTEDI cells (19). To determine the nature of our cells, we studied the effect of

4-OHT both in short-term cultures using CCK-8 assays and in longer-term cultures by colony

forming assay. While parental MCF7 cells desist, LTEDI cells continue to proliferate in the

presence of 4-OHT over 72 hours (Figure 1A). Secondly, the overall proliferation rate of

LTEDI is higher than parental MCF7 cells in the absence of 4-OHT, and this is further

enhanced by the addition of the drug (Figure 1B). Our data indicates that 4-OHT may serve as

an agonist in LTEDI cells.

3.2. Identification of commonly regulated DEGs in JOE, TAMR and LTEDI cells

The workflow for identifying mRNA, lncRNA, and miRNAs of our analysis is shown in figure

2. We published the transcriptomic program of JOE cells expressing low ER earlier and

identified about 1100 genes that were differentially expressed in these cells (21). RNA-seq

analysis of TAMR cells identified 8685 genes as significantly differentially expressed (adjusted

p-value ≤ 0.05) when compared to parental MCF7 cells. 1609 genes were upregulated and 2332

genes were down-regulated ($log_2FC=1$) (Figure 3 A, B supplementary file 1). In LTEDI cells,

5630 DEGs were found (adjusted p-value ≤ 0.05), of which, 687 genes were upregulated and

1476 genes were down-regulated (log2FC=1) (Figure 3 A, B supplementary file 1). Pathway

enrichment analysis (EnrichR) was used to compare the two cell line models and significant

pathways are shown (Adjusted p-value ≤ 0.05, Figure 3 C). Estrogen response early, Estrogen

response late, and Interferon alpha and gamma pathways were regulated in both TAMR and

LTEDI cells, however, the number of genes was variable. These are indicated by the size and

color variation in the bubble plot (Figure 3 C). mTORC1 signalling, p53 pathway, Hypoxia,

Glycolysis, Cholesterol homeostasis, Xenobiotic metabolism, Epithelial-Mesenchymal

Transition (EMT) were unique to TAMR cells while TNF-alpha signalling via NF-kB

pathways, KRAS signalling Up, and Wnt-beta Catenin signalling was found in LTEDI cells

(Figure 3 C).

Our goal was to obtain genes that accounted for an escape from drug induced growth restriction.

The intersection of TAMR and LTEDI DEGs yielded 1482 genes. Interestingly 94% of these

genes showed the same directionality in regulation; with 453 induced and 973 suppressed

DEGs. TAMR-LTEDI-JOE intersection had 170 genes common amongst them, with 73 genes

sharing the directionality (all up/all down/all cells) and referred to as the endocrine therapy

resistance cassette genes (ETR cassette) (Figure 3 D). Out of 73 genes, 33 were upregulated

and 40 downregulated (Figure 3 E). The remaining 97 genes out of 170 genes were regulated

in the opposite direction in JOE cells and mostly contained the ER regulated genes. In JOE,

ER levels are suppressed but ER is robustly expressed in both TAMR and LTEDI cells, which

may partially account for this observation. Since Fulvestrant is used for endocrine therapy, we

carried out a similar analysis (both by GEO2R and our pipeline) in Fulvestrant resistant MCF7

cell data described in GSE118713 (25). After comparison with TAMR-LTEDI-JOE data, we

found 85 genes were common (Supplementary figure 1 A and B), 26 upregulated and 11

downregulated genes.

The ETR cassette was enriched for KRAS signalling, Hypoxia, Glycolysis, Inflammatory

response pathways in the upregulated genes and Myogenesis, TNF-alpha signalling via NFkB,

Estrogen response late, Interferon gamma response represented in the downregulated genes.

We noticed that 7 induced DEGs and 14 downregulated DEGs participated in every significant

pathway identified, indicating their importance in ETR (Figure 3 E). Next, we assayed the

expression of the ETR cassette in TCGA data and used pathway-based curated genes

(7up:14down) to construct CNC and ceRNA networks.

3.3.Gene expression in breast cancer patient samples

In the publicly available pan cancer (TCGA breast) dataset, we analysed the Dead/Alive

clinical status and ER+ subtype specific gene expression data using death as an outcome to

represent a poor response to treatment. We failed to obtain DEGs, but this was expected since

ET resistance is acquired over prolonged exposure to drugs and long-term estrogen deprivation,

and it is rarely intrinsic. However, a supervised hierarchical clustering analysis of 468 samples

(113 normal, 356 Luminal A and B) using mRNA expression z-scores relative to all samples

showed that ETR cassette genes effectively segregated tumors from normal samples (data not

shown). Since very little data comparing longitudinally collected samples at diagnosis and

following recurrence is available, we tested if our ETR cassette was better at discriminating

the ER+ tumors at diagnosis. As this set originated from cell models that had an E_2-ER

independent axis of growth, we hypothesized that some ER+ tumors with the potential to avoid

ET would cluster better with ER- tumors. Supervised hierarchical clustering analysis of 1084

samples (all subtypes) using mRNA expression z-scores relative to all samples (log RNA Seq.

V2 RSEM) for 73-gene ETR cassette was carried out and is shown in Figure 4 A

(supplementary figure 2 A). Interestingly, the 33 upregulated ETR split the ER+ subtype into

two groups, one in which ER+ tumors were mixed with TNBCs, and another that remained

distinct from ER- tumors. However, the down-regulated genes showed no consistent pattern of

expression (Supplementary figure 2 A). This indicates that this 33 gene ETR set obtained from

cellular models of ET resistance may be useful in the segregation of ER+ tumors into those

that respond versus those that do not. However, more studies are required to validate this

observation.

We checked the expression of these 33 upregulated genes in the UALCAN database and the

association of these genes with patient survival using KM plots (Figure 4 B, C and

supplementary figure 2 B, C). As compared to normal, CXCR4, RGS16, and LCP1 were highly

expressed in tumors but this indicated better overall patient survival. In contrast, B3GNT3,

ADORA2B, SLC2A3, and FLT4 were less expressed in tumors when compared to normal

samples but their high expression was associated with inferior overall survival. However, these

genes were highly expressed in cells that showed ETR and in a sub-set of ER+ tumors from

TCGA. It is tempting to suggest that increased re-expression of these 4 genes in tumor tissues

during treatment-induced progression may indicate their escape from ET responsiveness.

Testing the expression of these genes may be of value to determine an unfavorable prognosis

during ET.

3.4. Identification of Differentially Expressed lncRNAs (DELs)

For the construction of CNC networks, we used the 7 up and 14 downregulated genes since

they appeared in every significant pathway identified from DEGs and most were annotated as

cell surface receptor proteins. If they were involved in ETR, they could be exploited as novel

therapeutic targets. To construct CNC networks, we first estimated the expression of long non-

coding RNAs in TAMR, LTEDI, and JOE cells (Figure 5 A, B). In JOE cells very few DELs

were obtained (85 upregulated and 7 down-regulated) and very few of the lncRNAs overlapped

with either TAMR or the LTEDI DELs. This suggests that JMJD6 may modulate the ETR

cassette genes directly or by an alternate lncRNA mechanism distinct from TAMR-LTEDI.

959 DELs were identified in TAMR cells of which, 448 lncRNAs were upregulated and 511

lncRNAs were downregulated (adjusted p-value $\leq$ 0.05, $\log_2$FC=1) (Figure 5 A, B

supplementary file 1). In LTEDI cells, 527 lncRNAs were differentially expressed, of which

198 were up and 329 were downregulated (adjusted p-value $\leq$ 0.05, $\log_2$FC=1) (Figure 5 A, B,

supplementary file 1). Among DELs, 337 were common between TAMR and LTEDI cells and

like the observation in DEGs, maintained the common directionality. 129 were upregulated

and 200 were downregulated (Figure 5 B).

3.5. Construction of co-expression network

LncRNAs affect mRNA expression in both cis- and trans-regulatory manner. Positive

correlation typically indicates cis-regulation of the mRNA by the lncRNA if the pairs are

localized in close proximity to the genome (within 10 kb). To find such pairs, analysis of

DEG:DEL pairs where both were upregulated, or both were downregulated was carried out by

using Pearson correlation analysis, and positively correlated pairs were studied (Pearson

correlation cut off > 0.98 for TAMR-LTEDI and > 0.95 for JOE). Four different DEG and DEL

co-expression networks were constructed using the selected 7 up and 14 down DEGs in TAMR

and LTEDI cells. 7 up DEGs positively correlated with 190 and 60 DELs in TAMR and LTEDI

cells respectively (Supplementary figure 3 A, B). 14 downregulated DEGs had a positive

correlation with 239 DELs in TAMR and 177 DELs in LTEDI (supplementary figure 3 C, D).

As with DEGs, we were more interested in common rather than cell line-specific networks and

identified a set of DELs that are commonly co-expressed in both TAMR and LTEDI.

Specifically, 25 up-regulated DELs were co-expressed with 7 up DEGs (Figure 6 A), and 14

downregulated genes correlated with 93 common DELs (Figure 6 B). In JOE cells, only 5

DELs were common and only 3/7 upregulated genes had 55 positively correlated DELs, and

5/14 downregulated DEGs paired with 4 DELs (Figure 6 C, D). To establish cis-regulation, the

genomic distance between the DEG:DEL pairs was calculated. None of the positively correlated mRNA-lncRNA pairs were placed near each other (within 10 kb), which suggested that the lncRNAs did not regulate the mRNAs via cis-regulation. Therefore, it is plausible that in ET resistance, cis-regulatory mechanisms play less of a role.

3.6. Construction of competing endogenous RNA (ceRNA) network

Since lncRNAs act as an endogenous "sponge" to sequester microRNAs (miRNAs), thereby altering mRNA expression, we constructed ceRNA networks to explore the mRNA:lncRNA:miRNA connectivity. 21 DEGs (7 upregulated and 14 downregulated) from pathway-based curation were used. Since we did not have data for miRNA profiles for these cells, we used the following conditions to predict miRNA levels from the positively correlated DEG:DEL pairs-

1) if both lncRNA and mRNA from the CNC network are upregulated, it is likely that the miRNAs regulating them are depleted.

2) if both are low, miRNAs inhibiting them are likely upregulated.

Since TAMR-LTEDI cells showed a great degree of overlap but JOE had different DEG:DEL pairs, we made separate ceRNA networks. The TAMR/LTEDI/up network consisted of 15 miRNAs, 5 DEGs, and 5 DELs whereas, 11 miRNAs, 6 DEGs, and 8 DELs were found in the TAMR/LTEDI/down network (Figure 7 A and B respectively, Table 1). Together, 15 miRNAs are predicted to be downregulated and 11 miRNAs upregulated.

Next, we identified negatively correlated DEG-DEL pairs (cut off > - 0.98). For negatively correlating DEG:DEL pairs,

1) miRNA binding could cause degradation of interacting lncRNAs or interacting mRNAs (26,27).

2) miRNAs binding to mRNAs may facilitate miRNA-driven upregulation of lncRNAs and vice-versa.

3) The negatively correlated network may represent a set of shared miRNAs that play a

role in regulating both mRNAs and lncRNAs.

Figure 7 C shows the network of 6 upregulated DEGS in both TAMR and LTEDI paired with

9 downregulated DELs and 11 corresponding miRNAs. For 8 Downregulated DEGs common

in both TAMR and LTEDI, 4 upregulated DELs and 3 miRNAs were obtained (Figure 7 D).

From these studies, 14 miRNAs are predicted to be upregulated. In JOE cells, a separate ceRNA

network was constructed using upregulated pairs, consisting of 12 miRNAs, 3 DEGs, and 3

DELs (Figure 7 E). We did not find any overlapping miRNAs for downregulated DEG-DEL

pairs of JOE sets.

3.7. Prediction of miRNA status and validation

Since we did not have the miRNA expression data, we used ceRNA networks to predict the

most likely expression level of the 40 interacting miRNAs in these cells. We predicted 25 to

be upregulated and 15 to be downregulated. To validate our observations, we used publicly

available miRNA expression data from GSE 56411 representing the regulation of miRNA in 3

different TAMR clones (28). Data from JOE and LTEDI cells was not available. 24/40

miRNAs were represented in the TAMR clone dataset and their ceRNA networks are shown

in Supplementary figure 3. In 2 out of 3 TAMR clones, 7/11 miRNAs predicted to be

upregulated and 6/13 predicted to be downregulated by our ceRNA network analysis showed

the same directionality in expression (Supplementary Figure 5 A). Table 2 summarizes the

mRNA-lncRNA-miRNA relationships for these miRNAs using our ceRNA networks. In

particular, miRs-424/497/195 were found to be consistently downregulated in all 3 TAMR

clones and these belong to the same family. We looked for common targets of these 3 miRNAs

in our CNC networks and found FLT4 mRNA and the host lncRNA, MIR503HG. Expression

of these miRNAs, FLT4 and MIR503HG were studied in ETR models by qRT-PCR (Figure

8). While the miRNAs were suppressed, both FLT4 and MIR503HG were highly expressed in

ETR cells validating the RNA-seq data and miRNA expression prediction (Figure 8 A-E).

Using UALCAN analysis of TCGA samples, miR-497, and miR-195 were found to be less

expressed in tumors. In contrast, MIR503HG and miR-424 expression was higher in tumors

when compared to normal samples (Supplementary Figure 5 B).

4. DISCUSSION

Cells achieve ETR by different modes. Using TAMR/Fulvestrant resistant cells and ETR

xenograft models, gene signatures have been developed but have not been deployed extensively

in the clinical setting. Integration of data from other modes of ETR, such as lowering of ER

expression or gain of agonistic activity in resistant cells is lacking in these gene panels. We

hypothesized that combining information of RNA regulatory networks from cells representing

distinct mechanisms of resistance may improve their clinical adaptability. We established and

used three model systems TAMR, LTEDI, and JOE for transcriptomic analysis and subsequent

CNC and ceRNA network construction. Of these, TAMR and LTEDI cells are the most used

endocrine therapy model systems (29). Since in LTEDI cells, the Tam effect is controversial

showing both agonistic and antagonistic activity, we first tested Tam effect on these cells. We

report here that Tam behaves as a pure agonist allowing us to integrate 3 different modes of

ETR in our studies.

RNA-Seq data of TAMR, LTEDI, and JOE cells identified 170 DEGs, of which, 73 (ETR

cassette genes) were expressed in the same direction in all 3 cell lines. Pathway enrichment

analysis identified crucial cancer hallmark pathways. For CNC and ceRNA analysis, we used

pathway-based curation identifying 7 commonly upregulated and 14 commonly downregulated

genes. Most genes were cell surface receptors and involved in various types of cancers (Table

3). CXCR4, B3GNT3, and ADORA2B are known markers of poor prognosis in breast cancer

and therefore good targets for cancer treatment (30–32). These genes were tested in

Fulvestrant-resistant cells that use increased EGFR and other tyrosine kinase member-driven

ETR pathways, and 26 genes out of 85 were expressed in the same direction (33,34).

We constructed a CNC network using DEGs and DELs in both TAMR-LTEDI cells and

separately in JOE cells. We failed to find cis-regulation of mRNAs by lncRNAs as a

mechanism for co-expression and suggest that this may not be a preferred regulatory

mechanism in ETR. The most relevant ceRNA networks were obtained from the pathway-

based curation, that is 7 induced and 14 suppressed genes. 27 lncRNAs were found using both

positively and negatively correlated DEG:DEL pairs. Since, we did not have miRNA

expression profiles, we predicted miRNA expression based on the ceRNA hypothesis. We

obtained a total of 40 miRNAs in this network and found 24 of them in published TAMR

miRNA data (28). Of these, we could correctly predict the expression level of 7/11 upregulated

and 6/13 downregulated miRNAs. A family of miRNAs- miR-424/195/497 was consistently

lower in these TAMR clones. Using our CNC and ceRNA networks we identified FLT4 and

MIR503HG as their targets and RNA-seq data indicated that they were highly expressed in

ETR models. Vilquin *et al* have shown that depletion of miR-424 and upregulation of miR-205

resulted in Aromatase Inhibitor resistance phenotype in ER+ cells (35). miR-497-5p and miR-

195 interfere with PI3K-mTOR signalling and MIR503HG is known to sponge the interfering

miRNAs to promote subsequent ETR (36). These miRNAs are embedded in lncRNA

MIR497HG and their downregulation was associated with TAM resistance (37). Both miRNAs

contain ER binding sites in their promoter and they are upregulated by E_2 treatment so in the

presence of Tam, their expression would be abrogated. MIR497HG expression was also high

in ETR cells. We have used an exceptionally high cut off ($r^2 =0.98$) for our CNC networks and

hence it was not represented in our final list. In addition, miR-424 arises from MIR503HG and

its reduced expression is known to increase the expression of VEGF for tumor neo-

angiogenesis (36,38). Based on these observations, we chose to validate the expression of the

FLT4:MIR503HG:miR-424/497/195 triad by quantitative RT-PCR. The miRNAs were

downregulated and we suggest that this caused the higher expression of their targets, FLT4 and

MIR503HG. In JOE cells, we obtained very few DELs. Nevertheless, we performed

quantitative RT-PCR in these cells and show patterns of expression similar to TAMR-LTED

cells. Whether these patterns are perpetuated by MIR503HG based sponging of identified

miRNAs or due to the loss of a functional E2/ER axis, requires additional experimentation.

Further, its possible that JMJD6 uses the depletion of ER as the major ETR mechanism rather

than altering ceRNA networks. In contrast, presence of abundant ER expression in TAMR and

LTEDI may provoke a more complex RNA regulation of ETR mechanisms in these cells.

FLT4 is kinase and a receptor for VEGF and is usually expressed in endothelial cells leading

to increased lymph-angiogenesis based metastasis. However, its increased expression in

epithelial cells is shown to increase the proliferation, motility, and invasion of breast cancer

cells (39). Higher expression of the FLT4-VEGF-C axis promotes invasion and metastasis in

cancer and interfering with it decreases cell proliferation (40,41). Together, the network of

FLT4, MIR503HG, and miR-424/497/195 indicate the abolishment of E_2 activity,

augmentation of PI3K-mTOR signalling, and aggressive behaviour of cancer cells. In ETR,

high FLT4 therefore makes for a good therapeutic target (42).

Most miRNAs identified in this study can be quantified in both normal healthy individuals as

well as in miRNA-based signatures in cancer patients via liquid biopsy approaches (Table 2)

(43). Curiously, none of the ETR cassette genes have been described previously in TAMR

signature genes (8,44,45), nor did they overlap with the EndoPredict (3 proliferation and 5

hormone receptor-related genes from Myriad Genetics), nor with the ENDORSE prognostic

model for ET that identified MYC targets, E2F1 targets, and PI3KC-mTOR signaling pathway

gene expression in tumors as indicators of high risk for ETR (46,47). Our network suggests

that these pathways from ENDORSE could be represented in an alternate manner via the RNA

networks encompassing small and long non-coding RNAs. Together, these data significantly

validate the usefulness of the ceRNA network-based approach to predict actionable miRNAs.

We next checked the status of the ETR cassette genes in TCGA datasets. We hypothesized that

if ER+ tumors were to be resistant to ET, they should display certain gene expression profiles

like ER- tumors as they no longer use the E2/ER axis for sustenance. When we assessed the

expression of ETR cassette genes in TCGA breast cancer data, the expression pattern of

upregulated genes led to the clustering of a subset of ER+ tumors with ER-negative breast

cancers (Figure 4). This suggests that genes appearing in ETR cell data can segregate the ER+

tumors. Next, to determine the individual profile of each gene, we employed the UALCAN

database. CXCR4, RGS16, and LCP1 displayed higher expression in tumors when compared

to normal breast but did not associate with poor outcomes in ER+ breast cancer. Interestingly,

B3GNT3, ADORA2B, SLC2A3, and FLT4 expression was lower in tumors and higher in

normal breast, and low expression was associated with better survival outcomes. This suggests

that the re-expression of these genes may indicate the onset of ETR. In tumors, TCGA data

showed that the miR-195/497 are suppressed in breast cancer samples biopsied at diagnosis

and possibly re-expression of FLT4 may not be governed by miRNA expression alone.

However, one possibility is that FLT4 expression switches from endothelial cells to tumor

epithelium during the establishment of ETR. Future immunohistochemical studies are required

to confirm this hypothesis.

5. CONCLUSION

Our discovery of FLT4:MIR503HG:miR-424/497/195 triad showed that in the absence of miRNA profiling data, total RNA-seq and RNA network analysis can predict actionable miRNAs. Based on our RNA regulatory networks in ETR cells, we suggest that in endocrine therapy sensitive (ETS) cells, miR-424/497/195 expression is high leading to suppression of FLT4 and MIR503HG. Re-expression of FLT4 mRNA, high expression of MIR503HG in tumors, probably occurs due to suppression of miR-497, miR-195, and miR-424 leading to the onset of ETR in cancer (Figure 8).

6. ABBREVIATIONS

AIs: Aromatase Inhibitors, ET: Endocrine Therapy, SERDs: Selective Estrogen Receptor Degraders, SERMs: Selective Estrogen Receptor Modulators, Tam: Tamoxifen, MBC: Metastatic Breast Cancer, JMJD6: Jumonji Domain Containing 6, JOE: JMJD6 overexpressing MCF7 cells, TAMR: Tamoxifen resistant cells, LTEDI: Long-Term Estrogen Deprived-Independent cells, RNA-seq: RNA sequencing, ceRNAs: competing endogenous RNAs, lncRNA: Long non-coding RNA, miRNA: microRNA, 4-OHT: 4-hydroxy Tamoxifen, DEGs: Differentially Expressed Coding Genes, DELs: Differentially Expressed long non-coding RNAs.

7. CONFLICT OF INTEREST

The Authors declare that there are no competing interests associated with the manuscript.

8. FUNDING

This work was supported by Intramural Funding (Grant 60102) from the National Institute of Biomedical Genomics. Saheli Pramanik is a graduate student supported by a UGC fellowship (211610013835). Partha Das is a graduate student supported by a CSIR fellowship

486   (09/1033(0010)/2019-EMR-I). Monalisa Mukherjee is a graduate student supported by a DBT

487   fellowship (DBT/2021-22/NIBMG/1845).

9. AUTHOR CONTRIBUTIONS

490   **Saheli Pramanik:** Methodology, Data curation, Visualization, **Partha Das**: Investigation,

491   Visualization, Experimental data **Monalisa Mukherjee**: Visualization,

492   Investigation. **Kartiki V Desai** Conceptualization, Analysis, Supervision. **All authors**

493   contributed to Writing- Original draft preparation, reviewing, and editing the manuscript.

10. ACKNOWLEDGEMENT

496   The authors would like to thank Aritra Gupta and Siddarth Bharadwaj for their technical help

497   and assistance in editing the manuscript.

REFERENCES

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin. 2021 May;71(3):209–49.

2. Savci-Heijink CD, Halfwerk H, Hooijer GKJ, Horlings HM, Wesseling J, van de Vijver MJ. Retrospective analysis of metastatic behaviour of breast cancer subtypes. Breast Cancer Res Treat. 2015 Apr;150(3):547–57.

3. Shagufta, Ahmad I. Tamoxifen a pioneering drug: An update on the therapeutic potential of tamoxifen derivatives. Eur J Med Chem. 2018 Jan;143:515–31.

4. Zhang MH, Man HT, Zhao XD, Dong N, Ma SL. Estrogen receptor-positive breast cancer molecular signatures and therapeutic potentials (Review). Biomed reports. 2014 Jan;2(1):41–52.

5. McVeigh TP, Hughes LM, Miller N, Sheehan M, Keane M, Sweeney KJ, et al. The impact of Oncotype DX testing on breast cancer management and chemotherapy prescribing patterns in a tertiary referral centre. Eur J Cancer. 2014 Nov;50(16):2763–70.

6. van de Vijver MJ, He YD, van't Veer LJ, Dai H, Hart AAM, Voskuil DW, et al. A gene-expression signature as a predictor of survival in breast cancer. N Engl J Med. 2002 Dec;347(25):1999–2009.

7. Göker M, Denys H, van de Vijver K, Braems G. Genomic assays for lobular breast carcinoma. J Clin Transl Res. 2022 Dec;8(6):523–31.

8. Chanrion M, Negre V, Fontaine H, Salvetat N, Bibeau F, Mac Grogan G, et al. A gene expression signature that can predict the recurrence of tamoxifen-treated primary breast cancer. Clin cancer Res an Off J Am Assoc Cancer Res. 2008 Mar;14(6):1744–52.

9. Saponaro M, Annunziata L, Turla A, Viganò I, De Laurentiis M, Giuliano M, et al.

525 Extended Adjuvant Endocrine Treatment in Luminal Breast Cancers in the Era of

526 Genomic Tests. Int J Mol Sci. 2022 Nov;23(21).

527 10. Haque MM, Desai K V. Pathways to Endocrine Therapy Resistance in Breast Cancer.

528 Frontiers in Endocrinology. 2019.

529 11. Treeck O, Haerteis S, Ortmann O. Non-Coding RNAs Modulating Estrogen Signaling

530 and Response to Endocrine Therapy in Breast Cancer. Cancers (Basel). 2023 Mar;15(6).

531 12. Djebali S, Davis CA, Merkel A, Dobin A, Lassmann T, Mortazavi A, et al. Landscape

532 of transcription in human cells. Nature. 2012 Sep;489(7414):101–8.

533 13. Schwarzenbach H, Gahan PB. Interplay between LncRNAs and microRNAs in Breast

534 Cancer. Int J Mol Sci. 2023 Apr;24(9).

535 14. Xiao B, Zhang W, Chen L, Hang J, Wang L, Zhang R, et al. Analysis of the miRNA-

536 mRNA-lncRNA network in human estrogen receptor-positive and estrogen receptor-

537 negative breast cancer based on TCGA data. Gene. 2018 Jun;658:28–35.

538 15. Gao C, Li H, Zhuang J, Zhang H, Wang K, Yang J, et al. The construction and analysis

539 of ceRNA networks in invasive breast cancer: a study based on The Cancer Genome

540 Atlas. Cancer Manag Res. 2019;11:1–11.

541 16. Shi W, Hu D, Lin S, Zhuo R. Five-mRNA Signature for the Prognosis of Breast Cancer

542 Based on the ceRNA Network. Biomed Res Int. 2020;2020:9081852.

543 17. Venkatesh J, Wasson M-CD, Brown JM, Fernando W, Marcato P. LncRNA-miRNA

544 axes in breast cancer: Novel points of interaction for strategic attack. Cancer Lett. 2021

545 Jul;509:81–8.

546 18. Qiao Z, Xing Y, Zhang Q, Tang Y, Feng R, Pang W. Tamoxifen resistance-related

547 ceRNA network for breast cancer. Front cell Dev Biol. 2022;10:1023079.

548 19. Gao L, Shen K, Yin N, Jiang M. Comprehensive Transcriptomic Analysis Reveals

549 Dysregulated Competing Endogenous RNA Network in Endocrine Resistant Breast

Cancer Cells. Front Oncol. 2020;10:600487.

20.   Masamura S, Santner SJ, Heitjan DF, Santen RJ. Estrogen deprivation causes estradiol

hypersensitivity in human breast cancer cells. J Clin Endocrinol Metab. 1995

Oct;80(10):2918–25.

21.   Das P, Gupta A, Desai K V. JMJD6 orchestrates a transcriptional program in favor of

endocrine resistance in ER+ breast cancer cells. Front Endocrinol (Lausanne).

2022;13:1028616.

22.   Lee YF, Miller LD, Chan XB, Black MA, Pang B, Ong CW, et al. JMJD6 is a driver of

cellular proliferation and motility and a marker of poor prognosis in breast cancer. Breast

Cancer Res. 2012;

23.   Biswas A, Mukherjee G, Kondaiah P, Desai K V. Both EZH2 and JMJD6 regulate cell

cycle genes in breast cancer. BMC Cancer. 2020 Nov;20(1):1159.

24.   Kaminska K, Akrap N, Staaf J, Alves CL, Ehinger A, Ebbesson A, et al. Distinct

mechanisms of resistance to fulvestrant treatment dictate level of ER independence and

selective response to CDK inhibitors in metastatic breast cancer. Breast Cancer Res.

2021 Feb;23(1):26.

25.   Achinger-Kawecka J, Valdes-Mora F, Luu P-L, Giles KA, Caldon CE, Qu W, et al.

Epigenetic reprogramming at estrogen-receptor binding sites alters 3D chromatin

landscape in endocrine-resistant breast cancer. Nat Commun. 2020 Jan;11(1):320.

26.   Wang KC, Chang HY. Molecular mechanisms of long noncoding RNAs. Mol Cell. 2011

Sep;43(6):904–14.

27.   Shetty A, Venkatesh T, Kabbekodu SP, Tsutsumi R, Suresh PS. LncRNA-miRNA-

mRNA regulatory axes in endometrial cancer: a comprehensive overview. Arch

Gynecol Obstet. 2022 Nov;306(5):1431–47.

28.   Joshi T, Elias D, Stenvang J, Alves CL, Teng F, Lyng MB, et al. Integrative analysis of

miRNA and gene expression reveals regulatory networks in tamoxifen-resistant breast

cancer. Oncotarget. 2016 Aug;7(35):57239–53.

29.   Chan CMW, Martin L-A, Johnston SRD, Ali S, Dowsett M. Molecular changes

associated with the acquisition of oestrogen hypersensitivity in MCF-7 breast cancer

cells on long-term oestrogen deprivation. J Steroid Biochem Mol Biol. 2002 Aug;81(4–

5):333–41.

30.   Parker CC, Kim RH, Li BDL, Chu QD. The chemokine receptor CXCR4 as a novel

independent prognostic marker for node-positive breast cancer patients. J Surg Oncol.

2012 Sep;106(4):393–8.

31.   Wang X, Wang Y, Chen X, He Y, Zhou X, Jiao S, et al. Identification of glycogene-

based prognostic signature and validation of B3GNT7 as a potential biomarker and

therapeutic target in breast cancer. J Cancer Res Clin Oncol. 2023 Dec;149(19):16957–

69.

32.   Sui Y, Liu J, Zhang J, Zheng Z, Wang Z, Jia Z, et al. Expression and Gene Regulation

Network of Adenosine Receptor A2B in Lung Adenocarcinoma: A Potential Diagnostic

and Prognostic Biomarker. Front Mol Biosci. 2021;8:663011.

33.   Brünner N, Boysen B, Jirus S, Skaar TC, Holst-Hansen C, Lippman J, et al.

MCF7/LCC9: an antiestrogen-resistant MCF-7 variant in which acquired resistance to

the steroidal antiestrogen ICI 182,780 confers an early cross-resistance to the

nonsteroidal antiestrogen tamoxifen. Cancer Res. 1997 Aug;57(16):3486–93.

34.   Razavi P, Chang MT, Xu G, Bandlamudi C, Ross DS, Vasan N, et al. The Genomic

Landscape of Endocrine-Resistant Advanced Breast Cancers. Cancer Cell. 2018

Sep;34(3):427-438.e6.

35.   Vilquin P, Donini CF, Villedieu M, Grisard E, Corbo L, Bachelot T, et al. MicroRNA-

125b upregulation confers aromatase inhibitor resistance and is a novel marker of poor

600  prognosis in breast cancer. Breast Cancer Res. 2015 Jan;17(1):13.

601 36. Han X, Li B, Zhang S. MIR503HG: A potential diagnostic and therapeutic target in

602  human diseases. Biomed Pharmacother. 2023 Apr;160:114314.

603 37. Tian Y, Chen Z-H, Wu P, Zhang D, Ma Y, Liu X-F, et al. MIR497HG-Derived miR-

604  195 and miR-497 Mediate Tamoxifen Resistance via PI3K/AKT Signaling in Breast

605  Cancer. Adv Sci (Weinheim, Baden-Wurttemberg, Ger. 2023 Apr;10(12):e2204819.

606 38. Monteiro JP, Rodor J, Caudrillier A, Scanlon JP, Spiroski A-M, Dudnakova T, et al.

607  MIR503HG Loss Promotes Endothelial-to-Mesenchymal Transition in Vascular

608  Disease. Circ Res. 2021 Apr;128(8):1173–90.

609 39. Kurenova E V, Hunt DL, He D, Fu AD, Massoll NA, Golubovskaya VM, et al. Vascular

610  endothelial growth factor receptor-3 promotes breast cancer cell proliferation, motility

611  and survival in vitro and tumor formation in vivo. Cell Cycle. 2009 Jul;8(14):2266–80.

612 40. Su J-L, Yang P-C, Shih J-Y, Yang C-Y, Wei L-H, Hsieh C-Y, et al. The VEGF-C/Flt-4

613  axis promotes invasion and metastasis of cancer cells. Cancer Cell. 2006 Mar;9(3):209–

614  23.

615 41. Varney ML, Singh RK. VEGF-C-VEGFR3/Flt4 axis regulates mammary tumor growth

616  and metastasis in an autocrine manner. Am J Cancer Res. 2015;5(2):616–28.

617 42. Gou X, Anurag M, Lei JT, Kim B-J, Singh P, Seker S, et al. Transcriptional

618  Reprogramming Differentiates Active from Inactive ESR1 Fusions in Endocrine

619  Therapy-Refractory Metastatic Breast Cancer. Cancer Res. 2021 Dec;81(24):6259–72.

620 43. Howard EW, Yang X. microRNA Regulation in Estrogen Receptor-Positive Breast

621  Cancer and Endocrine Therapy. Biol Proced Online. 2018;20:17.

622 44. Asghari A, Wall K, Gill M, Vecchio N Del, Allahbakhsh F, Wu J, et al. A novel group

623  of genes that cause endocrine resistance in breast cancer identified by dynamic gene

624  expression analysis. Oncotarget. 2022;13:600–13.

45.   Hultsch S, Kankainen M, Paavolainen L, Kovanen R-M, Ikonen E, Kangaspeska S, et

al. Association of tamoxifen resistance and lipid reprogramming in breast cancer. BMC

Cancer. 2018 Aug;18(1):850.

46.   Nath A, Cohen AL, Bild AH. ENDORSE: a prognostic model for endocrine therapy in

estrogen-receptor-positive breast cancers. Mol Syst Biol. 2022 Jun;18(6):e10558.

47.   Andre F, Ismaila N, Allison KH, Barlow WE, Collyar DE, Damodaran S, et al.

Biomarkers for Adjuvant Endocrine and Chemotherapy in Early-Stage Breast Cancer:

ASCO Guideline Update. J Clin Oncol   Off J Am Soc   Clin Oncol. 2022

Jun;40(16):1816–37.

48.   Zhang H, Li B, Zhao H, Chang J. The expression and clinical significance of serum miR-

205 for breast cancer and its role in detection of human cancers. Int J Clin Exp Med.

2015;8(2):3034–43.

49.   Thakur S, Grover RK, Gupta S, Yadav AK, Das BC. Identification of Specific miRNA

Signature in Paired Sera and Tissue Samples of Indian Women with Triple Negative

Breast Cancer. PLoS One. 2016;11(7):e0158946.

50.   Zhao F, Dou Y, Wang X, Han D, Lv Z, Ge S, et al. Serum microRNA-195 is down-

regulated in breast cancer: a potential marker for the diagnosis of breast cancer. Mol

Biol Rep. 2014 Sep;41(9):5913–22.

51.   Wang K, Yuan Y, Cho J-H, McClarty S, Baxter D, Galas DJ. Comparing the MicroRNA

spectrum between serum and plasma. PLoS One. 2012;7(7):e41561.

52.   Mukherjee D, Zhao J. The Role of chemokine receptor CXCR4 in breast cancer

metastasis. Am J Cancer Res. 2013;3(1):46–57.

53.   Zhuang H, Zhou Z, Zhang Z, Chen X, Ma Z, Huang S, et al. B3GNT3 overexpression

promotes tumor progression and inhibits infiltration of CD8(+) T cells in pancreatic

cancer. Aging (Albany NY). 2020 Dec;13(2):2310–29.

54.   Li C-W, Lim S-O, Chung EM, Kim Y-S, Park AH, Yao J, et al. Eradication of Triple-

651   Negative Breast Cancer Cells by Targeting Glycosylated PD-L1. Cancer Cell. 2018

652   Feb;33(2):187-201.e10.

653   55.   Zhang S, Yu H, Zhang L. Role of vascular endothelial growth factor receptor-3/Flt-4 in

654   early-stage cervical cancer. Oncol Lett. 2010 May;1(3):453–6.

655   56.   Xiao X, Liu Z, Wang R, Wang J, Zhang S, Cai X, et al. Genistein suppresses FLT4 and

656   inhibits human colorectal cancer metastasis. Oncotarget. 2015 Feb;6(5):3225–39.

657   57.   Tsai T-H, Yang C-C, Kou T-C, Yang C-E, Dai J-Z, Chen C-L, et al. Overexpression of

658   GLUT3 promotes metastasis of triple-negative breast cancer by modulating the

659   inflammatory tumor microenvironment. J Cell Physiol. 2021 Jun;236(6):4669–80.

660   58.   Foran E, McWilliam P, Kelleher D, Croke DT, Long A. The leukocyte protein L-plastin

661   induces proliferation, invasion and loss of E-cadherin expression in colon cancer cells.

662   Int J cancer. 2006 Apr;118(8):2098–104.

663   59.   Tiedemann K, Sadvakassova G, Mikolajewicz N, Juhas M, Sabirova Z, Tabariès S, et

664   al. Exosomal Release of L-Plastin by Breast Cancer Cells Facilitates Metastatic Bone

665   Osteolysis. Transl Oncol. 2019 Mar;12(3):462–74.

666   60.   Yu Y, Wang W, Lu W, Chen W, Shang A. Inhibin β-A (INHBA) induces epithelial-

667   mesenchymal transition and accelerates the motility of breast cancer cells by activating

668   the TGF-β signaling pathway. Bioengineered. 2021 Dec;12(1):4681–96.

669   61.   Bhat R, Thangavel H, Abdulkareem NM, Vasaikar S, De Angelis C, Bae L, et al.

670   NPY1R exerts inhibitory action on estradiol-stimulated growth and predicts endocrine

671   sensitivity and better survival in ER-positive breast cancer. Sci Rep. 2022

672   Feb;12(1):1972.

673   62.   Cheng R, Qi L, Kong X, Wang Z, Fang Y, Wang J. Identification of the Significant

674   Genes Regulated by Estrogen Receptor in Estrogen Receptor-Positive Breast Cancer

675   and Their Expression Pattern Changes When Tamoxifen or Fulvestrant Resistance

676   Occurs. Front Genet. 2020;11:538734.

Table 1: Triads in ETR cell line model systems

Cell lines	mRNAs (UP)	lncRNAs (UP)	miRNAs (DOWN)
T A M R A N D L T E D I	CXCR4 SLC2A3 LCP1 RGS16 FLT4	LINC01588 LINC01825 MIR503HG AC027088.1	miR-182 miR-145 miR-424 miR-195 miR-497 miR-219-5p
	mRNAs (DOWN)	**lncRNAs (DOWN)**	**miRNAs (UP)**
	INHBA CALCR NPY1R DMD	AL645608.1 HAGLR AC027801.1 PPP3CB-AS1 AL137145.2 AC011450.1	miR-192 miR-215 miR-9 miR-140-5p miR-214 miR-31 miR-490-3p
	mRNAs (UP)	**lncRNAs (DOWN)**	**miRNAs (UP)**
	LCP1 CXCR4 RGS16 B3GNT3	AC079354.1 AL645608.1 AL137145.2	miR-205 miR-192 miR-215 miR-182 miR-214
	mRNAs (DOWN)	**lncRNAs (UP)**	**miRNAs (UP)**
	INHBA PPAP2B FHL1 CD36 IFIT1 DMD CXCL14	PCOTH AL162595.1	miR-9 miR-203
	mRNAs (UP)	**lncRNAs (UP)**	**miRNAs (UP)**
J O E	ADORA2B LCP1 RGS16	AC009951.1 MIR17HG SNHG14	miR-205 miR-182 miR-203

Table 2: miRNA expression levels in the plasma sample

Cell lines	miRNAs (UP)	miRNA expression in plasma		References
		Normal	**Patient**	
T A M R A N D L T E D I	miR-205	√	√	(48)
	miR-182	√	√	(49)
	miR-203	√	√	
	miR-214	√	√	
	miR-31	√	√	(49)
	miR-490-3p	√	√	(49)
	miR-9	√	√	(49)
	miR-140-5p	√	-	
	miR-192	√	-	
	miR-215	√	-	
	miRNAs (DOWN)			
	miR-182	√	√	(37,50)
	miR-145	√	-	
	miR-424	√	-	
	miR-195	√	-	
	miR-497	√	-	
	miR-219-5p	√	-	
	miRNAs (UP)			
J O E	miR-205	√	-	
	miR-182	√	-	
	miR-203	√	-	

Reference: Wang *et al*., 2012 (51)

720 **Table 3: The seven upregulated genes and their role in cancers**

Gene	Known function in cancer(s)	References
CXCR4	Highly expressed in tamoxifen-resistant cells and CXCR4 knockdown re-sensitized cells to endocrine therapy	(30,52)
B3GNT3	Downregulation of B3GNT3 was shown to enhance anti-neoplastic activity of cytotoxic T cells	(31,53,54)
FLT4	Associated with tumor progression in cervical cancer and highly expressed in tamoxifen resistance cells in breast cancer	(55,56)
SLC2A3	In triple-negative breast cancer, overexpression of SLC2A3 enhanced metastasis	(57)
LCP1	An oncogenic modulator that promotes tumor progression in colon cancer and its exosomal release in breast cancer improves osteolysis	(58,59)
INHBA	INHBA is highly expressed in breast tissue compared to normal and helps in cell motility, migration, and invasion	(60)
NPY1R	Overexpression of NPY1R positively correlated with breast cancer progression	(61)
CALCR	Highly expressed in tamoxifen-resistant cells	(62)

FIGURE LEGENDS

Figure 1: Effect of 4-OHT in LTEDI cells. **(A)** Cell proliferation assay of MCF7 and LTEDI

cells in the presence and absence of 4-OHT measured by CCK8 kit. $*p \leq 0.05$, $**p \leq 0.01$, and

$***p \leq 0.001$. **(B)** Colony Forming Assay of TAMR and LTEDI cells in the presence and

absence of 4-OHT.

Figure 2: Workflow for constructing the RNA regulatory networks.

Figure 3: Transcriptome analysis of cell lines. **(A)** DEGs were found in TAMR, LTEDI, and

JOE cell lines compared to MCF7 cells. Numbers indicate DEGs in respective cell lines. **(B)**

Upregulated and downregulated DEGs in TAMR and LTEDI cell lines. **(C)** Bubble plot

showing significant pathways found in TAMR and LTEDI cell lines. The X-axis shows the

number of genes in each pathway and Y-axis indicates the name of the pathway. The pathways

and bubble size key are indicated on the right-hand side. **(D)** Venn diagram of the intersection

of TAMR, LTEDI, and JOE DEGs. **(E)** Heatmap of 170 genes with green (downregulated) to

red (upregulated) DEGs. A Chord diagram showing pathway curated genes (7 upregulated and

14 downregulated) in multiple pathways. Significant pathways are shown on the right, and the

fold change of core genes is shown on the left. Left–right connections indicate gene

membership in a pathway's leading-edge subset.

Figure 4: Gene expression in breast cancer patient samples. **(A)** Supervised hierarchical

clustering analysis of 1084 samples (all subtypes) using mRNA expression z-scores relative to

all samples (log RNA Seq. V2 RSEM) for a 73-gene ETR cassette. **(B)** Expression of

upregulated genes of normal and primary tumor TCGA samples using the UALCAN database

analysis (**** *p*<0.01). **(C)** Kaplan-Meier survival curves of select genes are shown.

Figure 5: Estimation of DELs in three cell lines. (A) Differentially expressed long noncoding

RNAs, **(B)** upregulated and downregulated long noncoding RNAs in TAMR, LTEDI, and JOE

cell lines.

Figure 6: Construction of co-expression network. CNC network of TAMR and LTEDI cells

using **(A) 7** Upregulated DEGs correlated with 25 common DELs, **(B)** Downregulated DELs

co-expressed with 7 upregulated DEGs. **(B)** 14 downregulated DEGs correlated with 93

common DELs. **(C)** Upregulated and **(D)** Downregulated DEL networks in JOE cells. The

ellipse represents DEGs, and diamonds represent DELs.

Figure 7: Construction of competing endogenous RNA (ceRNA) network using (A)

mRNAs (up), lncRNAs (up), and miRNAs (down) in the TAMR/LTEDI network, **(B**) mRNAs

(down), lncRNAs (down), and miRNAs (up) in the TAMR/LTEDI network, **(C)** Network of

upregulated mRNAs, miRNAs, and downregulated lncRNAs in TAMR and LTEDI cell lines,

(D) mRNAs (down), lncRNAs (up), and miRNAs (up) in TAMR and LTEDI cell lines and **(E)**

ceRNA network constructed in JOE cells using upregulated pairs. The ellipse represents

mRNAs, the diamond represents lncRNAs, "V" shape represents miRNAs. For the prediction

of miRNA levels- Red represents upregulated, and green/blue represents downregulated

miRNAs.

Figure 8: Validation of predicted miRNA expression. Real-time PCR analysis of miRNAs

(A-C), mRNA **(D)**, and lncRNA **(E)** in ETR cell lines. Relative expression of miRNAs was

normalized to a U6 and FLT4 and MIR503HG was normalized to beta-actin. MCF7 and "Vec"

were used as respective controls and values were normalized to 1. *p ≤ 0.05, **p ≤ 0.01, and

***p ≤ 0.001.

Figure 9: Gene expression in breast cancer patient samples.

Graphical representation of the probable mechanisms of FLT4-MIR503HG-miR-497/195 in

ETS (Endocrine Therapy sensitive) and ETR model systems.

Supplementary figure 1: RNA-seq analysis of Fulvestrant data (GSE118713). (A) Venn

diagram of the common genes between TAMR, LTEDI, JOE, and GSE118713. (B) Expression

patterns of 85 genes were shown by heatmap. Changes in expression levels were displayed

from green (downregulated) to red (upregulated), as shown in the color gradient on the right

side.

Supplementary figure 2: Gene expression in breast cancer patient samples from the publicly

available dataset. **(A)** Supervised hierarchical clustering analysis of 1084 samples (all

subtypes) using mRNA expression of downregulated genes (log RNA Seq. V2 RSEM). **(B)**

Expression of upregulated genes of normal and primary tumor TCGA samples using the

UALCAN database analysis (**** P<0.01). **(C)** Kaplan-Meier survival plot of select genes.

Supplementary figure 3: CNC network of individual TAMR and LTEDI cells. (A and B)

upregulated DEGs:DELs and (C and D) downregulated DEGs:DELs in TAMR and LTEDI

cells respectively.

Supplementary figure 4: Construction of competing endogenous RNA (ceRNA) network.

The upregulated ceRNA network of TAMR-LTEDI cells (A) upregulated, (B) downregulated.

(C) ceRNA network of upregulated DEGs and downregulated DELs from TAMR and LTEDI

cells. (D) ceRNA network of downregulated DEGs and upregulated DELs from TAMR and

LTEDI cells. The ellipse represents mRNAs, the diamond represents lncRNAs, "V" shape

represents miRNAs.

Supplementary figure 5: (A) Publicly available miRNA expression data from GSE56411

from 3 different TAMR clones compared with the prediction of miRNA regulation from this

study. Validated miRNAs were marked by a circle in Figure 7. **(B)** Expression of MIR503HG,

and miR-497/195/424 in normal and tumor TCGA samples derived from UALCAN database

analysis (**** $p<0.01$).

Supplementary file 1: List of DEGs and DELs identified in TAMR and LTEDI cells (adjusted

$p \leq 0.05$).

       Supplementary table 1: Primers used for qRT-PCR analysis.

Figure 1

A

B

Cell proliferation over MCF7 Cells

MCF7 CONTROL   MCF7 4-OHT
LTEDI CONTROL   LTEDI 4-OHT

4-OHT   MCF7   LTEDI

−

+

Figure 2

Identification of RNA network in ETR

Figure 3

Figure 4

A

B

C

Figure 5

Figure 6

Figure 7

Figure 8

Figure 9

Supplementary figure 1

Supplementary figure 2

Supplementary figure 3

Supplementary figure 4

Supplementary figure 5